



11-27-09

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE APPLICATION OF:

DENNIS COLEMAN et. al.

Serial No. 10/578,973

Filed: 20090511

For: Pressurized Gas Sampling Container

Date: 11/25/2009

Art Unit: 2856

Examiner: Nashmiya Fayyaz

Express Mail No. EB038304810US

Mail Stop Issue Fee
Commissioner for Patents
P.O. Box 1450
Alexandria VA 22313-1450

PETITION TO CHANGE ORDER OF INVENTORS 37 CFR 1.312

Dear Sir:

The applicant herewith petitions the Commissioner of Patents and Trademarks to change the order of inventors appearing on the above referenced application and the resulting issued patent. The name of inventor Todd Coleman should appear first and the name of Dennis Coleman should appear last. Enclosed is a Credit Card Authorization form in the amount of \$130.00.

Very respectfully,

Michael L. Antoline
Reg. No. 40,488

Michael L. Antoline
2714 N. Mattis Ave.
Ste. A
Champaign IL 61822
217 352 4343

Adjustment date: 05/26/2010 CKHLOK
11/30/2009 CCHAUE 00000046 10578973
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130.00 OP

Refund Ref:
05/26/2010 0030084137

Credit Card Refund total: \$130.00

Master C: XXXXXXXXXXXX/215

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND										
1 Date of Request: <u>05/25/10</u>		2 Serial/Patent # <u>10578973</u>								
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT						
	Filing			\$						
	Amendment			\$						
	Extension of Time			\$						
	Notice of Appeal/Appeal			\$						
<input checked="" type="checkbox"/>	Petition		11/25/09	\$ 130.00						
	Issue			\$						
	Cert of Correction/Terminal Disc.			\$						
	Maintenance			\$						
	Assignment			\$						
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8 TO BE REFUNDED BY:										
10 REASON:		<input checked="" type="checkbox"/>	Treasury Check <i>C.C.</i>							
	Overpayment		Credit Deposit A/C #:							
	Duplicate Payment		9 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px; text-align: center;">--</td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				--			
		--								
<input checked="" type="checkbox"/>	No Fee Due (Explanation):									
Petition dismissed as moot										
11 REFUND REQUESTED BY:										
TYPED/PRINTED NAME: <u>Christina Tartera Donnell</u>		TITLE: <u>Petitions Attorney</u>								
SIGNATURE: <u>/christina tartera donnell/</u>		PHONE: <u>571-272-3211</u>								
OFFICE: <u>Office of Petitions - 4700</u>										
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****										
APPROVED: <u><i>CKH/K</i></u>		DATE: <u>5/26/10</u>								

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: